

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101593, 354

FILING DATE

09-19-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			C			
4						
5						
6						
7						
8						
9			C			
10			1			
11			1			
12			1			
13			1			
14			1			
15			Canceled			
16			1			
17			Canceled			
18			1			
19			Canceled			
20			1			
21			C			
22			C			
23			1			
24			C			
25			C			
26			1			
27			C			
28			1			
29			C			
30			1			
31			1			
32			C			
33			C			
34			1			
35			C			
36			1			
37			1			
38			1			
39			1			
40			C			
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			C			
53						
54						
55						
56						
57						
58						
59						
60			1			
61			1			
62			1			
63			C			
64						
65			C			
66			1			
67			1			
68			1			
69			1			
70			1			
71						
72						
73						
74						
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81						
82						
83						
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85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓	4	↓	
TOTAL DEP.			←	27	←	
TOTAL CLAIMS				31		